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TYCO 17903 (AT 20958-65)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ward

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Serial No.: 10/619,723

:

Art Unit: 2833

:

Filed: July 15, 2003

:

Examiner: Leon, Edwin A.

:

For: ELECTRICAL CONNECTOR
APPARATUS, METHODS AND
ARTICLES OF
MANUFACTURE

:

AMENDMENT

Commissioner for Patents
Alexandria, Virginia 22313

In response to the Office Action dated April 21, 2004, please amend the above-identified
patent application as follows:

07/02/2004 BABRAHA1 00000084 012384 10619723

01 FC:1201 258.00 DA



Docket No. 17903 (AT 20958-65)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ward
Serial No.: 10/619,723
Filed: July 15, 2003
For: ELECTRICAL CONNECTOR APPARATUS,
METHODS AND ARTICLES OF
MANUFACTURE
Art Unit: 2833
Examiner: Leon, Edwin A.

TRANSMITTAL LETTER

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. We enclose the following documents:
- Amendment Transmittal (3 pgs.), in duplicate
 - Amendment in Response to Office Action dated April 21, 2004 (9 pgs.)
 - Return postcard

STATUS

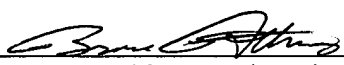
2. Applicant
_____ claims small entity status.
 X is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

Express Mail No. EV331422571US

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below in an envelope addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450.

Date: **June 29, 2004**


Bruce T. Atkins, Registration No. 43,476
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740
314-621-5070

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month | \$ 110.00 | \$ 55.00 |
| _____ second month | \$ 420.00 | \$ 210.00 |
| _____ third month | \$ 950.00 | \$ 475.00 |
| _____ fourth month | \$1,480.00 | \$ 740.00 |
| _____ fifth month | \$2,010.00 | \$ 1,005.00 |

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA | SMALL ENTITY ADDITIONAL RATE FEE | OR | OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE |
|-------------------------------------------|-------------------------------------------------------|-------|---------------------------------------------------|------------------------------|----------------------------------------|----|------------------------------------------------------|
| TOTAL | 13 | MINUS | 13 | =0 | x \$9 = \$ | | x \$18 = \$-0- |
| INDEP. | 4 | MINUS | 1 | =3 | x \$43 = \$ | | x \$86 = \$258.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$145 = \$ | | + \$290 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$258.00 |

- (a) X No additional fee for Claims is required - **\$258.00**

OR

- (b) Total additional fee for claims required \$

FEE PAYMENT


5. Attached is a check in the sum of \$
- X Charge Deposit Account No. 01-2384 the sum of **\$258.00**.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:


 Bruce T. Atkins
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 St. Louis, MO 63102
 314/621-5070